**Fecha** *(date): \_\_\_\_\_*/\_\_\_\_/\_\_\_\_\_\_ **Hora** *(time): \_\_\_\_\_\_*

**Victima N°**

*(Victim N°)*

**ID área de trabajo**

***(Work site ID)***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Nombre del paciente** *(Patience name)* | | | | | |  | | | | | | | **N° Identificación** *(Number ID)* | | |  | | | | | **Edad** *(Age)* | |  | | **Género** *(Gender)* | Hombre  *(male)* | | | | Mujer  *(female)* |
|  | | | |  |
| **Motivo de Consulta** *(Reason for consultation)* | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Enfermedad Actual** *(Current illnes)* | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Antecedentes** *(Medical history)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Patológicos /** *Pathological* | | | | |  | | | | | | | | | | | | **Medicamentos /** *Medications* | | | | |  | | | | | | | | |
| **Quirúrgicos /** *Surgical* | | | | |  | | | | | | | | | | | |
| **Traumáticos /** *Trauma* | | | | |  | | | | | | | | | | | |
| **Alérgicos /** *Alergies* | | | | |  | | | | | | | | | | | | **Ginecologicos /** *G.O* | | | | |  | | | | | | | | |
| **Observaciones** *(observations)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|
| **Examen fisico** *(Physical exam)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FC  *(Pulse)*** | | | **FR (R*espiratory rate)*** | | | | | **TA *(Blood pressure)*** | | | | | | **SaT O2  *(O2 saturation)*** | | | | | **Temp C° *(Temperature)*** | | | | | **Peso Kg *(Weight)*** | | | **Talla Cms  *(Height)*** | | | |
|  | | |  | | | | |  | | | | | |  | | | | |  | | | | |  | | |  | | | |
|  | |  |  | | | |  |  | |  | | | | *Cabeza y cuello*  *(Head and neck)* | | | | |  | | | | | | | | | | | |
|  | |  |  | | | |  |  | |  | | | | *Cardiopulmonar (Cardiopulmonary)* | | | | |  | | | | | | | | | | | |
|  | |  |  | | | |  |  | |  | | | | *Abdomen y pelvis (Abdomen y pelvis)* | | | | |  | | | | | | | | | | | |
|  | |  |  | | | |  |  | |  | | | | *Genitourinario (Genitourinary)* | | | | |  | | | | | | | | | | | |
|  | |  |  | | | |  |  | |  | | | | *Extremidades (Extremities)* | | | | |  | | | | | | | | | | | |
|  | |  |  | | | |  |  | |  | | | | *Neurológico (Neurological)* | | | | |  | | | | | | | | | | | |
| **SEÑALE EL AREA DE LA LESION  *(*POINT THE AREA OF INJURY)** | |  |  | | | |  |  | |  | | | | ***Observaciones*** *(Observations)* | | | | |  | | | | | | | | | | | |
| **Impresión diagnostica** *(diagnosis)* | | | | | | | | | | | | | | **Ordenes médicas** *(Medical orders)* | | | | | | | | | | | | | | | | |
| **1)** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **2)** | | | | | | | | | | | | | | |
| **3)** | | | | | | | | | | | | | | |
| **4)** | | | | | | | | | | | | | | |
| **Traslado** *(Handed over to)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Estación médica**  *(Medical station)* |  | | |  | | | **Ambulancia**  *(Ambulance)* | |  | |  | **Equipo médico**  *(Medical Team)* | | | | | |  | |  | | | **Locales/familiares** *(Locals/ family)* | | | | |  |  | | |
| **Hospital**  *(Hospital)* |  | | |  | | | **Helicoptero**  *(Helicopter)* | |  | |  | **Autoridades locales** *(Local authorities)* | | | | | |  | |  | | | **Otros / nombre** *(Others) Name* | | | | |  |

**Traslado Fecha** *(date): \_\_\_*/\_\_\_\_/\_\_\_\_\_\_ **Hora** *(time): \_\_\_\_\_\_*

**Medico/ Paramédico Paciente / responsable**

*(Doctor/paramedic)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(Patient/ responsable****) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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| **Fecha**  *(Date)* | **Hora**  *(Time)* | **FC** | **FR** | **TA** | **Sat O2** | **T°** | **MD., Enf. o Param. :** |
|  |  |  |  |  |  |  | **Notas** *(Notes)* |
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| **Fecha**  *(Date)* | **Hora**  *(Time)* | **FC** | **FR** | **TA** | **Sat O2** | **T°** | **MD., Enf. o Param. :** |
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| **Fecha**  *(Date)* | **Hora**  *(Time)* | **FC** | **FR** | **TA** | **Sat O2** | **T°** | **MD., Enf. o Param. :** |
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| **Fecha**  *(Date)* | **Hora**  *(Time)* | **FC** | **FR** | **TA** | **Sat O2** | **T°** | **MD., Enf. o Param. :** |
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| **Fecha**  *(Date)* | **Hora**  *(Time)* | **FC** | **FR** | **TA** | **Sat O2** | **T°** | **MD., Enf. o Param. :** |
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| **Fecha**  *(Date)* | **Hora**  *(Time)* | **FC** | **FR** | **TA** | **Sat O2** | **T°** | **MD., Enf. o Param. :** |
|  |  |  |  |  |  |  | **Notas** *(Notes)* |
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